

# **EXHIBIT D**

Stephen M. Factor, M.D.

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SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION - ATLANTIC COUNTY  
DOCKET NO. ATL-L-6951-10  
- - -

PAMELA WICKER and : MASTER CASE NO.  
WILLIAM WICKER, : L-6341-10-CT  
Plaintiffs, :  
:  
V. :  
:  
ETHICON, INC., et al., :  
Defendants. :

- - -  
March 5, 2014  
- - -

Videotape deposition of STEPHEN M.  
FACTOR, M.D., held at Jacobit Medical Center, 1400  
Pelham Parkway South, Bronx, New York 10461,  
commencing at 2:31 p.m., on the above date, before  
Margaret Peoples, a Registered Professional  
Reporter.

- - -  
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<p>1 A P P E A R A N C E S :</p> <p>2 MAZIE, SLATER, KATZ &amp; FREEMAN, LLC</p> <p>3 BY: ADAM M. SLATER, ESQUIRE</p> <p>4 103 Eisenhower Parkway</p> <p>5 Second Floor</p> <p>6 Roseland, New Jersey 07068</p> <p>7 (973) 228-98998</p> <p>8 Counsel for the Plaintiffs</p> <p>9</p> <p>10 RIKER, DANZIG, SCHERER, HYLAND &amp; PERRETTI, LLP</p> <p>11 BY: KELLY STRANGE CRAWFORD, ESQUIRE</p> <p>12 Headquarters Plaza</p> <p>13 One Speedwell Avenue</p> <p>14 Morristown, New Jersey 07962</p> <p>15 (973) 538-0800</p> <p>16 Counsel for the Defendants</p> <p>17</p> <p>18 A L S O P R E S E N T:</p> <p>19 Kevin Marth, Videographer</p> <p>20</p> <p>21 - - -</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 DEPOSITION SUPPORT INDEX</p> <p>2</p> <p>3</p> <p>4 Direction to Witness Not To Answer</p> <p>5 Page Line Page Line</p> <p>6 None</p> <p>7</p> <p>8</p> <p>9 Request For Production of Documents</p> <p>10 Page Line Page Line</p> <p>11 None</p> <p>12</p> <p>13 Stipulations</p> <p>14 Page Line Page Line</p> <p>15 None</p> <p>16</p> <p>17 Questions Marked</p> <p>18 Page Line Page Line</p> <p>19 None</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p>1 - - -</p> <p>2 I N D E X</p> <p>3 WITNESS PAGE NO.</p> <p>4 STEPHEN M. FACTOR, M.D.</p> <p>5 By Mr. Slater 6, 64</p> <p>6 By Ms. Crawford 52</p> <p>7</p> <p>8 - - -</p> <p>9 E X H I B I T S</p> <p>10 NO. DESCRIPTION PAGE NO.</p> <p>11 Factor 1 Expert Report 5</p> <p>12 Factor 2 Curriculum Vitae 67</p> <p>13 Factor 3 2/20/09 Photomicrographs,</p> <p>14 24 pages 12</p> <p>15 Factor 3A Photomicrograph 13</p> <p>16 Factor 3B Photomicrograph 17</p> <p>17 Factor 4 7/9/09 Photomicrographs,</p> <p>18 14 pages 39</p> <p>19 Factor 4A Photomicrograph 39</p> <p>20 Factor 4B Photomicrograph 40</p> <p>21 Factor 4C Photomicrograph 45</p> <p>22</p> <p>23 - - -</p> <p>24</p> <p>25</p>	<p>1 - - -</p> <p>2 (Whereupon, Exhibit Factor-1 was</p> <p>3 marked for identification.)</p> <p>4 - - -</p> <p>5 VIDEOGRAPHER: Good afternoon. We</p> <p>6 are now on the record. My name is Kevin Marth. I'm</p> <p>7 a legal videographer today with Golkow Technologies.</p> <p>8 Today's date is March 5, 2014, and</p> <p>9 the time is 2:31 p.m.</p> <p>10 This deposition is being held in</p> <p>11 Pelham (sic), New York in the matter of Pamela</p> <p>12 Wicker and William Wicker versus Ethicon, Inc., et</p> <p>13 al., in the Superior Court of New Jersey, Law</p> <p>14 Division, Atlantic County.</p> <p>15 The deponent is Dr. Stephen Factor.</p> <p>16 At this time, would counsel please</p> <p>17 identify themselves for the record.</p> <p>18 MR. SLATER: Adam Slater for the</p> <p>19 plaintiffs.</p> <p>20 MS. CRAWFORD: Kelly Crawford from</p> <p>21 Riker Danzig Scherer Hyland Perretti for the</p> <p>22 defendants.</p> <p>23 VIDEOGRAPHER: Our court reporter</p> <p>24 today is Ms. Margaret Peoples, and she will now</p> <p>25 swear in the witness and we can proceed.</p>

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<p>1                   - - -</p> <p>2                   STEPHEN M. FACTOR, M.D., after having</p> <p>3           been duly sworn, was examined and testified as</p> <p>4           follows:</p> <p>5                   - - -</p> <p>6                   EXAMINATION</p> <p>7                   - - -</p> <p>8           BY MR. SLATER:</p> <p>9           Q.     Good afternoon, Doctor.</p> <p>10          A.     Good afternoon.</p> <p>11          Q.     As I just introduced myself to you,</p> <p>12          my name is Adam Slater. I'm going to take your</p> <p>13          deposition here. As you can see, I have a lengthy</p> <p>14          outline so we're probably going to be here for a</p> <p>15          really long time.</p> <p>16                 You understand you're under oath and</p> <p>17          have to tell the truth in response to every</p> <p>18          question, right?</p> <p>19          A.     Certainly.</p> <p>20          Q.     If I ask you a question that doesn't</p> <p>21          make sense to you for some reason, just tell me.</p> <p>22          Okay?</p> <p>23          A.     Sure.</p> <p>24          Q.     You understand I'm not a physician,</p> <p>25          I'm not a pathologist. I may not pronounce a term</p>	<p>1     October of 2012 when this was dated?</p> <p>2     A.     There may be a few additional papers</p> <p>3     that were published, none of which have any</p> <p>4     relevance for this litigation. And some changes or</p> <p>5     additions for various committees that I served on,</p> <p>6     either here or at the hospital or the medical</p> <p>7     school. Otherwise, it's the same.</p> <p>8     Q.     Would it be possible for you, either</p> <p>9     at a break or at the end, if we don't go long enough</p> <p>10    to need a break, to have an updated CV printed that</p> <p>11    the court reporter could mark as a CV?</p> <p>12    A.     I have it printed in my office.</p> <p>13    Q.     Terrific. Then well just, for the</p> <p>14    record, that will be Factor-2 and we can just mark</p> <p>15    it after we're done. I'm not going to go into it</p> <p>16    too much.</p> <p>17                 Let me ask you a question while I</p> <p>18    have this here. In your CV, you list your</p> <p>19    publications, presentations, et cetera. Do any of</p> <p>20    them relate to the biocompatibility of surgical</p> <p>21    mesh?</p> <p>22    A.     No, not directly.</p> <p>23    Q.     Do any of the publications or</p> <p>24    presentations deal with the tissue reaction that is</p> <p>25    incited by surgical mesh?</p>
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<p>1     right or I may ask a question that makes absolutely</p> <p>2     no sense to you. You can tell me what is not clear,</p> <p>3     I'll try to rephrase the question as best I can,</p> <p>4     because we obviously want your truthful and accurate</p> <p>5     testimony. Do you understand?</p> <p>6     A.     Yes.</p> <p>7     Q.     I marked as Exhibit 1 Factor-1 a</p> <p>8     report dated October 9, 2012.</p> <p>9                 Is that your report in this matter?</p> <p>10    A.     It is.</p> <p>11    Q.     Have you written any other reports in</p> <p>12    this matter?</p> <p>13    A.     No.</p> <p>14    Q.     Attached to this report is your</p> <p>15    curriculum vitae, which I would assume is up-to-date</p> <p>16    as of the date the report was served, October of</p> <p>17    2012; correct?</p> <p>18    A.     Correct.</p> <p>19    Q.     I don't want to go through it too</p> <p>20    much. Is there anything significant that would be</p> <p>21    different about it? I probably should have asked</p> <p>22    for an updated CV, but in any event, is there</p> <p>23    anything -- let me ask the question clean.</p> <p>24                 Is there anything about your CV which</p> <p>25    would be significantly different now than it was in</p>	<p>1     A.     No.</p> <p>2     Q.     Do any of your publications or</p> <p>3     presentations address the clinical consequences of</p> <p>4     having surgical mesh implanted in the human body?</p> <p>5     A.     No.</p> <p>6     Q.     Am I correct that in this case, you</p> <p>7     are not offering any opinions with regard to the</p> <p>8     clinical condition of Pamela Wicker?</p> <p>9     A.     Correct.</p> <p>10    Q.     Am I correct that you are not going</p> <p>11    to offer any opinions about what occurred to Pamela</p> <p>12    Wicker from a clinical perspective?</p> <p>13    A.     Correct.</p> <p>14    Q.     Am I correct that whatever opinions</p> <p>15    you're offering with regard to what you see on the</p> <p>16    pathology samples that were provided to you would</p> <p>17    not answer the question of clinically what occurred</p> <p>18    to Pamela Wicker; correct?</p> <p>19    A.     Well, not entirely. The pathological</p> <p>20    changes have a manifestation that is derived or</p> <p>21    leads to a clinical condition. So there is a</p> <p>22    relationship between the pathology and the clinical</p> <p>23    presentation.</p> <p>24    Q.     In terms of the opinions you're going</p> <p>25    to offer in this case, you are not offering opinions</p>

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<p style="text-align: right;">Page 10</p> <p>1 about what occurred clinically with Pamela Wicker; 2 correct? 3 A. Correct. 4 Q. In your career, other than when you 5 have been retained by Johnson &amp; Johnson to look at 6 pathologic samples or specimens in this litigation, 7 have you, in your routine practice, evaluated 8 pathologic samples of surgical mesh? 9 A. Yes. 10 Q. How many times? 11 A. There's no way that I can give you a 12 count. I have been doing surgical pathology since 13 1975. And I have estimated I probably see six to 14 eight mesh removals a year, usually for hernia. 15 Q. Would it be fair to say that the 16 large majority of the surgical mesh explants and 17 related tissue that you have looked at in your 18 career has been herniated mesh? 19 A. Yes. 20 Q. To your knowledge, have you ever in 21 your private practice, outside of doing litigation 22 work, looked at pelvic mesh that was explanted from 23 the female pelvis? 24 A. Not that I can recall. 25 Q. So that would include, to the best of</p>	<p style="text-align: right;">Page 12</p> <p>1 Q. And what is it that you saw? Can you 2 show me the picture and tell me what it is, and we 3 can move along? 4 A. I was looking at Dr. Welch's pictures 5 online -- not online -- on the disc. 6 MS. CRAWFORD: Let me see if I have a 7 photo. 8 MR. SLATER: I have a copy of -- I 9 have a copy of it, so we don't need to mark it. 10 MS. CRAWFORD: Oh, you know what? I 11 don't have Pam Wicker's... 12 MR. SLATER: Here's what I'm going to 13 do. I'm going to mark as Factor-3 the collection of 14 photomicrographs that is from the February 20, 2009 15 surgery. 16 MS. CRAWFORD: Those are the ones 17 that Dr. Welch did? 18 MR. SLATER: Yes. 19 - - - 20 (Whereupon, Exhibit Factor-3 was 21 marked for identification.) 22 - - - 23 BY MR. SLATER: 24 Q. And if you want, you can tell me 25 which one you are talking about here.</p>
<p style="text-align: right;">Page 11</p> <p>1 your knowledge, you have never looked at, in your 2 practice, explanted Prolift or other mesh 3 manufactured by Johnson &amp; Johnson or Ethicon? 4 A. Correct. 5 Q. We have here your report. We've 6 marked it Factor-1. Does this report contain each 7 of the opinions you formed in this case? 8 A. Yes. 9 Q. When you wrote this report -- 10 A. With one exception of something that 11 I observed today. 12 Q. Okay. 13 A. Having to do with some material in 14 her specimen that is foreign material but is not 15 polypropylene. 16 Q. Can you tell me specifically what 17 this is that you saw today? 18 A. Well, it's material that is in the 19 specimens. I can show you one of the pictures, but 20 it's not polypropylene. 21 Q. Let's start with which explant are we 22 talking about, what date? 23 A. The '09 from Yale for -- 24 Q. February 20, 2009? 25 A. Correct.</p>	<p style="text-align: right;">Page 13</p> <p>1 A. You can -- these are not numbered, 2 so -- 3 Q. How many pages in? Let's do it that 4 way. 5 A. Counting the top page? 6 Q. Well, show me which one it is, I'll 7 probably be able to match it up. 8 A. It's -- 9 Q. This one right here? 10 A. Correct. 11 Q. What I'll do is I'm going to mark 12 this as 3A. Can I ask you a favor, Doctor? Can you 13 put the sticker in a way that doesn't obscure the 14 image? 15 A. (Complies with request.) 16 Q. Thank you. 17 - - - 18 (Whereupon, Exhibit Factor-3A was 19 marked for identification.) 20 - - - 21 BY MR. SLATER: 22 Q. We marked as 3A an image. 23 And what is it that you saw in this 24 when you looked at it in preparation for this 25 deposition?</p>

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<p>1 A. In the upper portion of the field of</p> <p>2 the tissue, there's a collection of blue-ish gray</p> <p>3 irregularly oriented material that will show up on a</p> <p>4 number of these other pictures and will be</p> <p>5 demonstrated to polarize. This tissue, this</p> <p>6 material is not polypropylene.</p> <p>7 Q. Do you know what that material is?</p> <p>8 A. I have a reasonably good idea based</p> <p>9 on -- excuse me.</p> <p>10 Q. If it happens again, the phone is</p> <p>11 going to be confiscated.</p> <p>12 A. Nobody ever calls me on the cell</p> <p>13 phone.</p> <p>14 Q. Let's start over, because we chopped</p> <p>15 up the record.</p> <p>16 A. Okay.</p> <p>17 Q. Let me just ask the question.</p> <p>18 What is it that you see on this image</p> <p>19 that we marked as 3A that you're telling me you do</p> <p>20 not believe is polypropylene?</p> <p>21 A. I see material that I recognized in</p> <p>22 some other tissue that I have examined over many</p> <p>23 years, particularly related to breast biopsies. And</p> <p>24 this material is in the site of the breast biopsy.</p> <p>25 I looked at a breast biopsy case today and compared</p>	<p>1 to it, which suggests that it occurred at some prior</p> <p>2 examination.</p> <p>3 Q. It may be that -- you are saying it's</p> <p>4 possible that when Mrs. Wicker was examined at some</p> <p>5 point before the surgery, perhaps a speculum or some</p> <p>6 tool was used and perhaps this lubricant was</p> <p>7 introduced? Is that what I'm understanding?</p> <p>8 A. Yes, it's almost certain that a</p> <p>9 speculum was used and they usually employ some type</p> <p>10 of lubricant. I believe this is the material. I</p> <p>11 believe it's a silicone material, but not</p> <p>12 polypropylene.</p> <p>13 Q. What you've just explained to me</p> <p>14 about what you see now that you believe is this</p> <p>15 silicone-based lubricant, is that of any</p> <p>16 significance overall to your opinions?</p> <p>17 A. Only in the sense that this material</p> <p>18 could be misconstrued, and I probably didn't pay</p> <p>19 attention to it initially either, and Dr. Welch</p> <p>20 didn't, as far as I know, that the reaction around</p> <p>21 this material could be misconstrued as a reaction to</p> <p>22 the mesh fibers.</p> <p>23 Q. Did you go back through the images in</p> <p>24 order to be able to ascertain whether you had such</p> <p>25 an opinion?</p>
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<p>1 its polarization with this material and it's</p> <p>2 identical. The material -- I spoke to our breast</p> <p>3 radiologist today. And the best I can come up with</p> <p>4 is that it is some type of lubricant, and probably a</p> <p>5 silicone-based lubricant.</p> <p>6 Q. That's as specific as you can be</p> <p>7 about this?</p> <p>8 A. At this point.</p> <p>9 Q. Do you have any idea of where that</p> <p>10 would have come from or when it would have become</p> <p>11 present with this sample?</p> <p>12 A. Similar types of lubricant are used</p> <p>13 for speculum examination of the vaginal canal and</p> <p>14 for biopsies. And, actually, similar material has</p> <p>15 also been identified by us in our cytology specimens</p> <p>16 from our cervical biopsies, Pap smears of the</p> <p>17 cervical canal. So I believe it's the same material</p> <p>18 and it's a lubricant.</p> <p>19 Q. If I -- am I understanding you</p> <p>20 correctly, it's most likely, from what you are</p> <p>21 telling me, something that had to do with the</p> <p>22 procedure that was performed whereby the tissue was</p> <p>23 removed?</p> <p>24 A. May not have been during the actual</p> <p>25 removal of the tissue, because there is a reaction</p>	<p>1 A. Well, I looked at his photographs</p> <p>2 online and I realized that what I was seeing in his</p> <p>3 photographs, and there are several here, for</p> <p>4 instance, this is -- this polarizes it, I don't know</p> <p>5 whether you want to mark this, but there are others</p> <p>6 in here that represent a close-up and -- such as</p> <p>7 this. It's a close-up of that material. It's</p> <p>8 disorganized. It's associated with significant</p> <p>9 inflammation and it's associated with a</p> <p>10 multinucleated giant cell in the material itself.</p> <p>11 Q. Let's put a sticker on this as Factor</p> <p>12 3B.</p> <p>13 - - -</p> <p>14 (Whereupon, Exhibit Factor-3B was</p> <p>15 marked for identification.)</p> <p>16 - - -</p> <p>17 BY MR. SLATER:</p> <p>18 Q. This is another one of the images</p> <p>19 from February 20, 2009; right?</p> <p>20 A. Correct.</p> <p>21 Q. Are you saying that every single bit</p> <p>22 of inflammation you see on that image that I marked</p> <p>23 as Factor-3B is attributable to some silicone-based</p> <p>24 lubricant?</p> <p>25 A. In this particular field, yes.</p>

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<p style="text-align: right;">Page 18</p> <p>1 Q. You have no idea what that material</p> <p>2 specifically would be; correct?</p> <p>3 A. I have asked our interventional</p> <p>4 radiologist to do a study and to see if she could</p> <p>5 find out, but, to date, I don't know.</p> <p>6 Q. And when was it that you first became</p> <p>7 aware of this issue?</p> <p>8 A. This morning reviewing the pictures.</p> <p>9 So I think to get back to your</p> <p>10 original question, that was the one thing that was</p> <p>11 not in my report.</p> <p>12 Q. Okay. Let me ask you this.</p> <p>13 In your report, you talked about your</p> <p>14 review of various slides and specimens and the fact</p> <p>15 that you saw in some locations chronic inflammation;</p> <p>16 correct?</p> <p>17 A. Correct.</p> <p>18 Q. The chronic inflammation was in the</p> <p>19 vicinity of where mesh had been?</p> <p>20 A. It was in and around the areas of</p> <p>21 mesh fibers either that had been pulled out of the</p> <p>22 section or were still residual in the tissue and in</p> <p>23 the fibrosis around the mesh fibers.</p> <p>24 Q. Based on what you reviewed, you would</p> <p>25 agree with me that the mesh fibers incited an</p>	<p style="text-align: right;">Page 20</p> <p>1 unless there's evidence of damage to nerves.</p> <p>2 Q. The inflammation incited by mesh as</p> <p>3 you saw it on these slides, if it were to cause</p> <p>4 inflammation or fibrosis at -- and on nerves, that</p> <p>5 can cause pain; correct?</p> <p>6 MS. CRAWFORD: Objection to form.</p> <p>7 A. There's no way to know. Pathology</p> <p>8 cannot ascertain pain per se, whether you are</p> <p>9 talking about a myocardial infarction or whether you</p> <p>10 are talking about pain in soft tissue throughout the</p> <p>11 body.</p> <p>12 Q. So you don't have an opinion on that?</p> <p>13 A. I don't have an opinion.</p> <p>14 Q. Based on what you saw in these</p> <p>15 slides, if someone were to say that the mesh does</p> <p>16 not incite a chronic inflammatory reaction, you</p> <p>17 would disagree with that, because you see evidence</p> <p>18 of chronic inflammation due to the mesh; correct?</p> <p>19 A. I see chronic inflammation associated</p> <p>20 with fibrosis. There's always chronic inflammation</p> <p>21 in fibrosis with very rare exceptions. The</p> <p>22 inflammation that's there is the type of</p> <p>23 inflammation that one would see with a surgical</p> <p>24 incision with healing, irrespective of whether there</p> <p>25 was mesh. You see fibrosis, you see chronic</p>
<p style="text-align: right;">Page 19</p> <p>1 inflammatory reaction and the development of</p> <p>2 fibrosis; correct?</p> <p>3 A. Correct.</p> <p>4 Q. You do not hold yourself out as an</p> <p>5 expert with regard to surgical mesh in particular,</p> <p>6 do you?</p> <p>7 A. No.</p> <p>8 Q. You do not hold yourself out with</p> <p>9 regard to the biocompatibility of surgical mesh;</p> <p>10 correct?</p> <p>11 A. No.</p> <p>12 Q. Meaning I'm correct?</p> <p>13 A. Yes, you are correct.</p> <p>14 Q. We have to watch our double</p> <p>15 negatives.</p> <p>16 The findings you saw on the slides</p> <p>17 would not be -- well, rephrase.</p> <p>18 The findings you saw on the slides</p> <p>19 are consistent with a clinical presentation whereby</p> <p>20 the patient is complaining of pain; correct?</p> <p>21 A. Not necessarily.</p> <p>22 Q. It can be; right?</p> <p>23 A. There's no way to correlate</p> <p>24 pathological findings with the sensation of pain,</p> <p>25 unless -- and even then it's somewhat speculative,</p>	<p style="text-align: right;">Page 21</p> <p>1 inflammation.</p> <p>2 Q. Are you telling me that when a</p> <p>3 surgical incision is made, that the incision site</p> <p>4 itself incites a chronic inflammatory reaction?</p> <p>5 A. After a number of different acute</p> <p>6 stages, yes. There's a whole progression of</p> <p>7 changes, which I described in my report and Fred</p> <p>8 Schoen described in his report, of the development</p> <p>9 of the inflammatory response associated with wound</p> <p>10 healing. It's the concept of wound healing is</p> <p>11 really the issue.</p> <p>12 Q. Well, when mesh of this -- well,</p> <p>13 rephrase.</p> <p>14 Do you hold yourself out as an expert</p> <p>15 with regard to the question of what the presence of</p> <p>16 this type of mesh that's in -- that was in Pam</p> <p>17 Wicker, what that would do to the wound healing</p> <p>18 process?</p> <p>19 A. I don't understand how you -- your</p> <p>20 question.</p> <p>21 Q. I'll ask it differently, then.</p> <p>22 Do you believe that it's within your</p> <p>23 expertise to offer an opinion as to what impact the</p> <p>24 presence of Prolift mesh would have in a woman's</p> <p>25 body like Pam Wicker on the wound healing process?</p>

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<p>1 A. I'm an expert on interpreting</p> <p>2 pathology tissue and ascertaining the nature and</p> <p>3 degree of the inflammation and fibrosis in the</p> <p>4 tissue with or without mesh, since I have studied</p> <p>5 wound healing for many years in many different</p> <p>6 contexts.</p> <p>7 Q. My question is whether or not you are</p> <p>8 saying you're an expert with regard to how the</p> <p>9 presence of the mesh itself, and I'm talking about</p> <p>10 the mesh in the Prolift device that's in Pam</p> <p>11 Wicker's body, how that would impact on the wound</p> <p>12 healing process?</p> <p>13 A. Since I can interpret the slides and</p> <p>14 I can interpret the inflammatory response and the</p> <p>15 fibrotic response, the answer is yes, that the</p> <p>16 presence of mesh leads to fibrosis and inflammation,</p> <p>17 which I can, as a pathologist, I can evaluate.</p> <p>18 Q. And the formation of the inflammation</p> <p>19 and the fibrosis due to the presence of the mesh</p> <p>20 will have an impact on the wound healing process;</p> <p>21 correct?</p> <p>22 A. That I don't understand your</p> <p>23 question.</p> <p>24 Q. Is the formation of the inflammation</p> <p>25 and the fibrosis the wound healing process?</p>	<p>1 Q. Well, with all due respect, let me</p> <p>2 explain to you how this works.</p> <p>3 A. I know how it works.</p> <p>4 Q. Well, you know what? I'm taking the</p> <p>5 deposition --</p> <p>6 A. That's fine.</p> <p>7 Q. -- so you are going to have to let me</p> <p>8 tell you how it works.</p> <p>9 A. That's fine. I cannot answer it yes</p> <p>10 or no.</p> <p>11 Q. Okay. It's a simple question.</p> <p>12 A. And it's a simple answer, but I</p> <p>13 cannot answer yes or no.</p> <p>14 Q. Well, here's the thing --</p> <p>15 MS. CRAWFORD: Okay. Let's back up.</p> <p>16 MR. SLATER: Hang on, time out.</p> <p>17 MS. CRAWFORD: Time out. Time out.</p> <p>18 BY MR. SLATER:</p> <p>19 Q. I would appreciate it, if I ask you a</p> <p>20 question about one thing, if you don't talk about</p> <p>21 two or three other things. Okay? I don't need</p> <p>22 talking points. So please don't give them to me</p> <p>23 unless I ask about them. Counsel can question you</p> <p>24 to her heart's content. You can come to trial and</p> <p>25 talk to the jury about anything you want. Okay?</p>
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<p>1 A. Yes.</p> <p>2 Q. Okay. Do you know, as you sit here</p> <p>3 now, what Ethicon medical affairs believes the</p> <p>4 Prolift mesh does in terms of tissue reaction in a</p> <p>5 female pelvis?</p> <p>6 A. I have no idea.</p> <p>7 MS. CRAWFORD: Objection.</p> <p>8 BY MR. SLATER:</p> <p>9 Q. You saw chronic inflammation due to</p> <p>10 the mesh; correct?</p> <p>11 A. I saw variable chronic inflammation.</p> <p>12 There were some areas that were more significantly</p> <p>13 inflamed than others. In other areas, there was</p> <p>14 very little inflammation. And much of the</p> <p>15 inflammation was associated with the areas of</p> <p>16 erosion. And, also, the heaviest inflammation was</p> <p>17 associated with what I believe to be lubricant,</p> <p>18 which is incorporated into the tissue as well.</p> <p>19 MR. SLATER: Okay. Move to strike.</p> <p>20 BY MR. SLATER:</p> <p>21 Q. Did you see evidence of chronic</p> <p>22 inflammation due to the mesh?</p> <p>23 A. I believe --</p> <p>24 Q. It's a yes or no question, Doctor.</p> <p>25 A. No, it's not a yes or no.</p>	<p>1 Let me ask a simple question.</p> <p>2 Did you see chronic inflammation due</p> <p>3 to the mesh that had been in Pam Wicker's body?</p> <p>4 A. I cannot answer that the way you've</p> <p>5 asked it.</p> <p>6 Q. Did you see chronic inflammation that</p> <p>7 you attribute, at least in part, to the presence of</p> <p>8 the mesh in Pam Wicker's body?</p> <p>9 A. The multinucleated giant cells are</p> <p>10 associated with the mesh.</p> <p>11 Q. Is that the only thing you saw that</p> <p>12 was associated with the mesh?</p> <p>13 A. The remaining inflammation is the</p> <p>14 inflammation that's characteristic and typical of</p> <p>15 wound healing. If you have foreign body, you have</p> <p>16 multinucleated giant cells and more monocytes and</p> <p>17 macrophages than you do in typical wound healing.</p> <p>18 But if you don't have the mesh, you won't see those.</p> <p>19 You do see the remaining types of inflammation that</p> <p>20 I see, along with the fibrosis.</p> <p>21 Q. Pam Wicker had a Prolift in her body;</p> <p>22 right?</p> <p>23 A. Correct.</p> <p>24 Q. Do you know how big that is?</p> <p>25 A. No.</p>

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<p style="text-align: right;">Page 26</p> <p>1 Q. Do you know the density?</p> <p>2 A. Do not.</p> <p>3 Q. Do you know what parts of the pelvis</p> <p>4 it was in?</p> <p>5 A. Only in general terms.</p> <p>6 Q. Did you try to figure out what the</p> <p>7 dimensions were and where specifically in the pelvis</p> <p>8 the Prolift would have been located?</p> <p>9 MS. CRAWFORD: Objection.</p> <p>10 A. That would have no relevance to my</p> <p>11 analysis.</p> <p>12 Q. Whatever you saw on these slides, the</p> <p>13 mesh was a factor; correct?</p> <p>14 A. The mesh was inserted and it led to a</p> <p>15 healing response, yes.</p> <p>16 Q. Well, you want to call it a healing</p> <p>17 response. The mesh led to a chronic inflammatory</p> <p>18 response in the tissue; right?</p> <p>19 A. The healing led to a chronic</p> <p>20 inflammatory response.</p> <p>21 MR. SLATER: Move to strike.</p> <p>22 BY MR. SLATER:</p> <p>23 Q. The mesh caused a chronic</p> <p>24 inflammatory response to the presence of the mesh;</p> <p>25 correct?</p>	<p style="text-align: right;">Page 28</p> <p>1 capable and have done so for many years of being</p> <p>2 able to diagnose it. I have done electromicroscopy</p> <p>3 on it, I have done staining of it in multiple</p> <p>4 different organ sites. I am not an expert in the</p> <p>5 biology of amyloidosis, but I certainly am capable</p> <p>6 of analyzing it and diagnosing it.</p> <p>7 Q. Have you ever published on the</p> <p>8 subject of amyloidosis, any of the publications in</p> <p>9 your CV?</p> <p>10 A. I published on a similar type of</p> <p>11 microfibril in heart tissue that I initially thought</p> <p>12 was amyloid, but turned out to be a different micro</p> <p>13 fiber.</p> <p>14 Q. Have you ever published -- rephrase.</p> <p>15 Do any of the articles in your CV</p> <p>16 address the subject of amyloidosis?</p> <p>17 A. I don't recall. There's a paper on</p> <p>18 myeloma kidney in which amyloidosis can occur. I</p> <p>19 don't recall if I identified amyloidosis in that</p> <p>20 paper.</p> <p>21 Q. Do you lecture on the subject of</p> <p>22 amyloidosis?</p> <p>23 A. No -- oh, yes, I do, because of my</p> <p>24 discussion of heart disease, I do. I illustrate and</p> <p>25 talk about amyloid.</p>
<p style="text-align: right;">Page 27</p> <p>1 MS. CRAWFORD: Objection.</p> <p>2 A. I answered that before. I said the</p> <p>3 giant cells, the multinucleated giant cells are</p> <p>4 characteristic of a foreign body. The macrophages</p> <p>5 in the tissue are also, because they lead to the</p> <p>6 multinucleated giant cells. The inflammatory</p> <p>7 response, otherwise, is typical of what you see in a</p> <p>8 healing wound, a healing tissue.</p> <p>9 Q. Well, if there was no mesh, the body</p> <p>10 would be healing in response to a surgery with no</p> <p>11 mesh; right?</p> <p>12 A. Correct.</p> <p>13 Q. So the body would have a different</p> <p>14 healing response because you wouldn't have this</p> <p>15 foreign body of this mesh in the body; correct?</p> <p>16 A. You wouldn't have a foreign body</p> <p>17 response, inflammatory response.</p> <p>18 Q. Are you drawing an opinion in this</p> <p>19 case about whether or not the mesh was a factor in</p> <p>20 causing erosion?</p> <p>21 A. Well, by definition, if there's an</p> <p>22 erosion, the mesh is eroded from it.</p> <p>23 Q. Do you hold yourself out as an expert</p> <p>24 with regard to amyloidosis?</p> <p>25 A. Depends how you define "expert." I'm</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. If other physicians in the medical</p> <p>2 community were to want to speak to somebody who they</p> <p>3 would consider to be an expert on amyloidosis if</p> <p>4 they had a question about it, do you think you would</p> <p>5 be one of the people they would think of or would</p> <p>6 there be other people?</p> <p>7 A. I'm sure they would not. Nor would I</p> <p>8 hold myself out as an expert in that sense.</p> <p>9 Q. Did you see Dr. Falk's (ph) report?</p> <p>10 A. I did.</p> <p>11 Q. Do you know who Dr. Falk is?</p> <p>12 A. I have no idea.</p> <p>13 Q. Whether or not you're correct about</p> <p>14 amyloidosis, the fact still remains that without the</p> <p>15 presence of the mesh there would be no erosion;</p> <p>16 correct?</p> <p>17 A. Well, it's the mesh that erodes.</p> <p>18 Q. So regardless of whether or not Mrs.</p> <p>19 Wicker had amyloidosis or not, the presence of the</p> <p>20 mesh is certainly an important reason why she had</p> <p>21 erosion, because if it wasn't there, there would be</p> <p>22 no erosion; correct?</p> <p>23 A. Correct.</p> <p>24 Q. You agree with the statement that the</p> <p>25 presence of the Prolift mesh in Pam Wicker incited</p>

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<p style="text-align: right;">Page 30</p> <p>1 an inflammatory response that was chronic and 2 persistent? 3 A. Where are you reading in my report? 4 Q. I'm just looking at the paper. I'm 5 asking if you agree with that statement? 6 A. Well, I'd like to see where you're 7 quoting from me. 8 Q. I'm not quoting from anything, 9 Doctor. Don't be paranoid. 10 MS. CRAWFORD: Objection. 11 BY MR. SLATER: 12 Q. I'm just asking you a question while 13 I look down. 14 Do you agree with that statement? 15 A. Repeat it, please. 16 MR. SLATER: Could you read that 17 back, please? 18 - - - 19 (Whereupon, the requested portion of 20 the transcript was read by the court reporter.) 21 - - - 22 THE WITNESS: I believe I have 23 answered that question two or three times. I 24 indicated that the presence of the mesh, together 25 with the healing, incites a chronic inflammatory</p>	<p style="text-align: right;">Page 32</p> <p>1 A. Certainly. 2 Q. You understand that as a part of that 3 surgery incisions were made; right? 4 A. Correct. 5 Q. Do you have any idea -- well, 6 rephrase. 7 Am I correct that you don't know the 8 extent of incisions that would have occurred without 9 the Prolift surgery as opposed to whatever incisions 10 occurred with the Prolift surgery? 11 A. It would depend on the type of 12 surgery that was being carried out -- 13 Q. You have no idea -- 14 A. -- without a mesh. I don't -- I have 15 no idea is right. 16 Q. So, for example, in areas where the 17 mesh was shown inciting a chronic inflammatory 18 response, you don't know if there would have been 19 any incision or any disturbance whatsoever of that 20 portion of the tissue in her pelvis if a Prolift had 21 not been implanted; correct? 22 MS. CRAWFORD: Objection. 23 BY MR. SLATER: 24 Q. You don't know; right? 25 A. That's correct.</p>
<p style="text-align: right;">Page 31</p> <p>1 response. 2 BY MR. SLATER: 3 Q. Is it your testimony that any time a 4 person has a surgical incision that that will incite 5 a chronic inflammatory response that will persist on 6 a chronic basis going forward? 7 A. In variable degrees, that's correct. 8 Wound healing leads to fibrosis, which is associated 9 with chronic inflammatory response. Some patients 10 have a much more exuberant or active inflammatory 11 response than others, but the vast majority of 12 patients who have a wound will have an inflammatory 13 response associated with it. And it's not even a 14 wound, scarring or fibrosis itself whether it be in 15 the heart with an area of necrosis or in the lung 16 with an infarct, scarring, regardless of the site, 17 will lead to an inflammatory response. 18 Q. Am I correct that you have no idea 19 whether or not there would have been an incision in 20 the areas where the mesh was removed from if the 21 Prolift surgery was not performed? 22 MS. CRAWFORD: Objection. 23 A. I don't understand that question. 24 Q. The mesh got implanted by a doctor 25 who performed surgery. You understand that; right?</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. What you know is what you see on the 2 specimens that were put onto slides and were 3 available for you to look at; correct? 4 A. Correct. 5 Q. Those are very small samples of 6 tissue within Pam Wicker's pelvis; correct? 7 A. They are small, but they are the 8 entirety of what was removed during that surgical 9 procedure. 10 MR. SLATER: Move to strike from 11 "but" forward. 12 BY MR. SLATER: 13 Q. You only can give us opinions on what 14 you actually see on the slides. You can't tell me 15 what is occurring elsewhere; right? 16 A. By definition. 17 Q. As you sit here now, you don't know 18 whether or not you have seen samples of all of the 19 tissue and mesh that was removed from Pam Wicker; 20 right? 21 A. Correct. 22 Q. In fact, you would expect that even 23 from the surgeries for which samples were made 24 available, you did not see samples or pathology 25 specimens of all of the tissue that was removed;</p>

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<p>1 correct?</p> <p>2 A. No. I did see samples of all the</p> <p>3 tissue that was removed, except for the uterus,</p> <p>4 which there was representative samples were removed.</p> <p>5 The tissue in 2009 that was removed at Yale, all of</p> <p>6 that was placed on one slide. So the entire tissue</p> <p>7 that was removed was, in fact, sampled</p> <p>8 pathologically. The tissues from UCLA, I don't</p> <p>9 recall whether all of them were removed and placed</p> <p>10 in a slide or whether representative sections were</p> <p>11 prepared.</p> <p>12 Q. The response of different people is</p> <p>13 variable and unpredictable when a foreign body is</p> <p>14 placed in their body; correct?</p> <p>15 A. That's absolutely true.</p> <p>16 Q. You did not believe that Pam Wicker</p> <p>17 was a high responder, correct, based on what you</p> <p>18 saw?</p> <p>19 A. That's correct.</p> <p>20 Q. You believe that she is a normal</p> <p>21 responder?</p> <p>22 A. Correct.</p> <p>23 Q. Did Pam Wicker -- rephrase.</p> <p>24 Did you look at records from Pam</p> <p>25 Wicker's medical history before the Prolift was put</p>	<p>1 with the unsurfacing of the mesh fibers, but that</p> <p>2 doesn't mean the mesh caused the erosion. It means</p> <p>3 that there was an erosion that led to unsurfacing of</p> <p>4 the tissue over the mesh.</p> <p>5 Q. You are not drawing an opinion to a</p> <p>6 reasonable degree of medical probability that there</p> <p>7 would have been eroding tissue without the mesh in</p> <p>8 the body, are you?</p> <p>9 A. I don't know.</p> <p>10 Q. You don't have an opinion on that?</p> <p>11 A. I don't have an opinion.</p> <p>12 Q. It's more likely than not that the</p> <p>13 erosions you saw were connected to the fact that the</p> <p>14 mesh was there; correct?</p> <p>15 MS. CRAWFORD: Objection.</p> <p>16 A. Not necessarily. Erosions or</p> <p>17 ulcerations of tissue can occur for many different</p> <p>18 reasons and can lead to the exposure of underlying</p> <p>19 tissue, which in this case, included mesh. Whether</p> <p>20 the mesh was the cause of the erosion or was</p> <p>21 unsurfaced or uncovered by the erosion, I can't</p> <p>22 tell. There's no way that anyone can tell.</p> <p>23 Q. So you're not drawing an opinion one</p> <p>24 way or the other as to what caused the erosions?</p> <p>25 A. Correct.</p>
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<p>1 in her body?</p> <p>2 A. I have some records, yes.</p> <p>3 Q. Did you see evidence that she was a</p> <p>4 poor wound healer at any point?</p> <p>5 A. Not that I recall.</p> <p>6 Q. Am I correct that, by definition, the</p> <p>7 presence of the mesh in Pam Wicker's body caused</p> <p>8 damage and destruction of tissue?</p> <p>9 A. No.</p> <p>10 Q. Did you see areas of necrosis where</p> <p>11 tissue had been damaged or destroyed in the regions</p> <p>12 of the erosion?</p> <p>13 A. Yes, but that's not necessarily due</p> <p>14 to the mesh. The erosion could occur for many</p> <p>15 different reasons.</p> <p>16 Q. Well, in this case, the erosion was</p> <p>17 occurring because there was mesh in her body,</p> <p>18 because if there was no mesh there would be no</p> <p>19 erosion; right?</p> <p>20 MS. CRAWFORD: Objection.</p> <p>21 A. You can still have ulceration, which</p> <p>22 is the equivalent of erosion without mesh being</p> <p>23 placed. There are many different mechanisms by</p> <p>24 which erosions, ulcerations, necrosis can occur in</p> <p>25 tissue. In this case, the erosions were associated</p>	<p>1 Q. Let me ask you a question, some</p> <p>2 background questions.</p> <p>3 When you wrote your report, did you</p> <p>4 attempt to set forth those facts you felt were most</p> <p>5 important to you in forming your opinions?</p> <p>6 A. I believe so, yes.</p> <p>7 Q. You have done expert work in other</p> <p>8 cases before this?</p> <p>9 A. Yes.</p> <p>10 Q. Tell me when you first started doing</p> <p>11 expert work in litigated matters.</p> <p>12 A. 1981.</p> <p>13 Q. Can you tell me how many matters you</p> <p>14 have acted as an expert in, estimate, best estimate?</p> <p>15 A. Probably over the course of the last</p> <p>16 20 years, I've probably done between 50 to 100 cases</p> <p>17 a year of all types. Prior to that, 1980s, very</p> <p>18 few. So, somewhere in the mid '90s.</p> <p>19 Q. Over the years when you have done</p> <p>20 expert work, what types of cases have they been?</p> <p>21 What has been the type of litigation?</p> <p>22 A. The majority are medical/legal, but I</p> <p>23 have done products liability. I have done personal</p> <p>24 injury. I have done a few criminal cases for both</p> <p>25 sides, but the majority are medical/legal.</p>

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<p style="text-align: right;">Page 38</p> <p>1 Q. When you say "medical/legal," you</p> <p>2 mean medical malpractice?</p> <p>3 A. Malpractice.</p> <p>4 Q. Other than this case and the Gross</p> <p>5 case, have you ever been an expert in any other case</p> <p>6 regarding issues relating to surgical mesh?</p> <p>7 A. Not that I can recall.</p> <p>8 Q. On page 5 you have a long paragraph.</p> <p>9 And at the very bottom of the paragraph, you say,</p> <p>10 "The only areas in which actual necrosis was</p> <p>11 identified was in the tissue with erosion."</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. It's certainly possible that the</p> <p>15 necrosis and erosion was due to the presence of the</p> <p>16 mesh; correct?</p> <p>17 MS. CRAWFORD: Objection.</p> <p>18 A. Well, the following sentence suggests</p> <p>19 the possibility otherwise.</p> <p>20 MR. SLATER: Move to strike.</p> <p>21 BY MR. SLATER:</p> <p>22 Q. Is the answer to my question yes?</p> <p>23 MS. CRAWFORD: Objection.</p> <p>24 A. The answer is no. The answer is it's</p> <p>25 not determinable as to what caused the erosion.</p>	<p style="text-align: right;">Page 40</p> <p>1 inflammatory -- no, excuse me. I agree that it's</p> <p>2 surrounded by fibrous tissue in which there are a</p> <p>3 few scattered inflammatory cells.</p> <p>4 Q. The nerve that is shown here is</p> <p>5 surrounded by fibrous tissue that also contains</p> <p>6 inflammatory cells; correct?</p> <p>7 A. Yes.</p> <p>8 Q. Fibrous tissue is otherwise known as</p> <p>9 scar tissue; correct?</p> <p>10 A. Under certain circumstances, it is.</p> <p>11 Fibrous tissue is natural in the body when it's not</p> <p>12 a scar.</p> <p>13 Q. It would be accurate to term this</p> <p>14 fibrosis as scar tissue; correct?</p> <p>15 A. Yes.</p> <p>16 Q. And that would be scar tissue around</p> <p>17 a nerve; correct?</p> <p>18 A. Correct.</p> <p>19 Q. Doctor, if you could, turn to the</p> <p>20 next page, if you could. And if I could trouble you</p> <p>21 to put Exhibit Factor-4B on that for me, please?</p> <p>22 A. (Witness complies with request.)</p> <p>23 - - -</p> <p>24 (Whereupon, Exhibit Factor-4B was</p> <p>25 marked for identification.)</p>
<p style="text-align: right;">Page 39</p> <p>1 MR. SLATER: Move to strike.</p> <p>2 BY MR. SLATER:</p> <p>3 Q. My question is pretty simple.</p> <p>4 Is it possible that the necrosis and</p> <p>5 erosion was due to the presence of the mesh?</p> <p>6 MS. CRAWFORD: Objection.</p> <p>7 A. Yes, it's possible.</p> <p>8 - - -</p> <p>9 (Whereupon, Exhibit Factor-4 and</p> <p>10 Exhibit Factor-4A were marked for identification.)</p> <p>11 - - -</p> <p>12 BY MR. SLATER:</p> <p>13 Q. Okay. Doctor, I'm handing you a set</p> <p>14 of copies of the photomicrographs from the July 9,</p> <p>15 2009 surgery. I marked them as Exhibit 4. And I</p> <p>16 marked one of them as Exhibit 4A.</p> <p>17 Do you see 4A?</p> <p>18 A. Yes, I do.</p> <p>19 Q. Would you agree with me that what we</p> <p>20 see at the center, that area that's the lighter pink</p> <p>21 with -- sort of in a long shape is a nerve?</p> <p>22 A. Yes, it is.</p> <p>23 Q. You would agree that's imbedded in</p> <p>24 inflammatory tissue?</p> <p>25 A. I would agree it's surrounded by</p>	<p style="text-align: right;">Page 41</p> <p>1 - - -</p> <p>2 BY MR. SLATER:</p> <p>3 Q. 4B you see histiocytes on this</p> <p>4 picture?</p> <p>5 A. Yes.</p> <p>6 Q. What is a histiocyte?</p> <p>7 A. Histiocyte, macrophage.</p> <p>8 Q. And just describe to me what -- which</p> <p>9 ones are the macrophages?</p> <p>10 A. The larger cells in the field</p> <p>11 surrounding the spaces with the -- one has some</p> <p>12 residual polypropylene, the other one may or may</p> <p>13 not. I don't see it. But the cells to the right</p> <p>14 and around the outer space, the majority of them are</p> <p>15 macrophages or multinucleated giant cells.</p> <p>16 Q. The presence of those macrophages and</p> <p>17 giant cells shows an active foreign body reaction;</p> <p>18 correct?</p> <p>19 A. It shows a foreign body reaction.</p> <p>20 How active it is or whether or not that's a response</p> <p>21 that's -- when we talk about activity, we're talking</p> <p>22 about release of enzymes, release of cytostomes into</p> <p>23 the tissue. There's no way that that can be</p> <p>24 determined. You're seeing a foreign body response</p> <p>25 to fibers. The degree of activity is indeterminate.</p>

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<p>1 Q. The presence of the macrophages and 2 the giant cells indicates a foreign body response; 3 correct?</p> <p>4 A. Correct.</p> <p>5 Q. You, also, see pink fibrous 6 formation, which would be fibrous tissue around 7 those holes where the mesh had been?</p> <p>8 A. Yes.</p> <p>9 Q. That would be accurately termed scar 10 tissue; correct?</p> <p>11 A. Correct.</p> <p>12 Q. And do you see that the fibrous 13 tissue actually bridges across from one hole to the 14 next one?</p> <p>15 MS. CRAWFORD: Objection.</p> <p>16 A. No. I see fibrous tissue surrounding 17 the fibers. That's not a bridge. That's normal 18 fibrous tissue surrounding material, surrounding the 19 mesh material.</p> <p>20 Q. The fibrous tissue is not confined to 21 solely being around each of the holes where the mesh 22 had been, but actually continues across to connect; 23 correct?</p> <p>24 A. It doesn't connect. It's a 25 continuous process. Fibrous tissue gets laid down</p>	<p>1 material incites a chronic inflammatory -- rephrase. 2 Based on what you have seen, this 3 mesh material incites a chronic foreign body 4 response; correct?</p> <p>5 A. Sure.</p> <p>6 Q. If Ethicon were to tell people that 7 the mesh material only incites a transient foreign 8 body response, that would be incorrect based on what 9 you have seen; correct?</p> <p>10 MS. CRAWFORD: Objection.</p> <p>11 A. Well, I don't know the time course of 12 this inflammation. Obviously, it's occurred at a 13 point in time. How long it would persist to this 14 degree is indeterminate. I also can't tell, since 15 this is a very high powered magnification, what else 16 is going on in the general area, whether or not this 17 is near an erosion or near some other phenomenon 18 taking place to also stimulate inflammation. It's a 19 chronic inflammatory response defined as -- defined 20 not by temporal means, but by the nature of the 21 cells. The time course for this type of reaction is 22 indeterminate. Obviously, its present at the time 23 it was removed.</p> <p>24 Q. This was July 9, 2009, which is about 25 nine months after the surgery of October 2008,</p>
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<p>1 around the fibers. That's not a bridge, that's 2 simply fibrous tissue around the fibers.</p> <p>3 Q. Let's stay way from the word 4 "bridge," because I know you're very sensitive about 5 it.</p> <p>6 A. Well --</p> <p>7 Q. You've always had an issue with 8 bridges, Doctor. Ever since you went to London and 9 saw London Bridge. Let me ask it differently, okay?</p> <p>10 A. You have to cross George Washington 11 Bridge tonight.</p> <p>12 Q. Yeah, I do. And don't be laughing at 13 me, because next time you're coming to New Jersey. 14 This is what I want to ask you. 15 The fibrous tissue that we see 16 there --</p> <p>17 A. Correct.</p> <p>18 Q. -- is continuous. It's not broken; 19 correct?</p> <p>20 A. At least on the lower portion, that's 21 correct.</p> <p>22 Q. The foreign body reaction that is 23 documented by this image is chronic; correct?</p> <p>24 A. Correct.</p> <p>25 Q. Based on what you've seen, this mesh</p>	<p>1 right?</p> <p>2 A. That's correct.</p> <p>3 Q. That's not transient, that's chronic; 4 right?</p> <p>5 MS. CRAWFORD: Objection.</p> <p>6 A. Yes. That's foreign body response 7 which can persist for long periods of time.</p> <p>8 Q. That was B; right?</p> <p>9 A. That was 4B.</p> <p>10 Q. I'd like you to turn to this image. 11 It's probably about four or five pages forward. And 12 then I'm going to give you a sticker for it. 13 Towards the back from where we were. That's it. 14 If you could please put 4C on that 15 one?</p> <p>16 A. (Witness complies with request.) 17 - - - 18 (Whereupon, Exhibit Factor-4C was 19 marked for identification.) 20 - - -</p> <p>21 BY MR. SLATER:</p> <p>22 Q. There is an area on this image which 23 we have marked as 4C on the left-hand side that has 24 a vertical orientation. Do you see that area? 25 A. Yes.</p>

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<p>1 Q. That's a nerve; correct?</p> <p>2 A. It's the same nerve we were looking</p> <p>3 at before, just in a different orientation.</p> <p>4 Q. If you see the -- rephrase.</p> <p>5 On the right-hand side, you see two</p> <p>6 whiter areas. That's areas where there was mesh</p> <p>7 and, in fact, in the bottom hole you can still see</p> <p>8 some residual mesh; correct?</p> <p>9 A. Correct.</p> <p>10 Q. That's the area that's bright from</p> <p>11 the polarization?</p> <p>12 A. Correct.</p> <p>13 Q. Those areas where the mesh had been</p> <p>14 are surrounded by macrophages; correct?</p> <p>15 A. No. They're mostly lymphocytes or</p> <p>16 monocytes and fibroblasts.</p> <p>17 Q. There are macrophages present;</p> <p>18 correct? That's what I was getting at.</p> <p>19 A. Not that I can see definitively with</p> <p>20 this power. There may be one or two in here, but</p> <p>21 most of them appear to be lymphocytes -- monocytes</p> <p>22 and fibroblasts.</p> <p>23 Q. Do you see the presence of a foreign</p> <p>24 body reaction here?</p> <p>25 A. Not specifically here, except</p>	<p>1 Q. Starting on page 7 is a list of</p> <p>2 materials Pamela Wicker. Did you read all those</p> <p>3 materials?</p> <p>4 A. I read a good number of them.</p> <p>5 Originally when I received them, and then in</p> <p>6 preparation for the deposition that got cancelled</p> <p>7 last fall.</p> <p>8 Q. Is it fair to say that the materials</p> <p>9 that are significant to you in forming your opinion</p> <p>10 are the photomicrographs of the pathology specimens?</p> <p>11 A. And the pathology slides.</p> <p>12 Q. And the pathology slides?</p> <p>13 A. Yes.</p> <p>14 Q. You didn't base your opinions on the</p> <p>15 materials listed --</p> <p>16 A. No.</p> <p>17 Q. -- in this report; correct?</p> <p>18 A. That's correct.</p> <p>19 Q. There's some writings by Klinge and</p> <p>20 Klosterhalfen in this list of literature, this vast</p> <p>21 list of literature. Are those articles that you are</p> <p>22 familiar with?</p> <p>23 A. I have not rereviewed them from the</p> <p>24 time that I originally received them and read them.</p> <p>25 So I know their names. I don't know the content of</p>
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<p>1 possibly up at 1 o'clock, there may be a compressed</p> <p>2 giant cell. I can't tell for sure.</p> <p>3 Q. What are lymphocytes, for the record?</p> <p>4 A. Lymphocytes are another type of</p> <p>5 chronic inflammatory cell that take place in -- are</p> <p>6 common cells that can contribute or participate in</p> <p>7 the inflammatory response, including scarring.</p> <p>8 Q. The presence of the lymphocytes here</p> <p>9 shows a chronic inflammatory response to the mesh;</p> <p>10 correct?</p> <p>11 A. Yes.</p> <p>12 Q. Whether or to what extent the</p> <p>13 presence of the mesh led to injury and clinical harm</p> <p>14 to Pam Wicker is an area you will not be offering</p> <p>15 any opinions on; correct?</p> <p>16 A. Correct.</p> <p>17 Q. Doctor, you have lists of materials</p> <p>18 in your report. If you could, can you turn to that,</p> <p>19 please.</p> <p>20 A. In this report?</p> <p>21 Q. Yes, it should be. After the written</p> <p>22 part of the report --</p> <p>23 A. I got it. Yes.</p> <p>24 Q. -- on page 7.</p> <p>25 A. I got it.</p>	<p>1 what they said.</p> <p>2 Q. Whatever they said was not of</p> <p>3 significance to you one way or the other in forming</p> <p>4 your opinions; correct?</p> <p>5 A. Correct.</p> <p>6 Q. Do you know what protocols are</p> <p>7 followed by pathologists who actually specialize in</p> <p>8 studying explanted surgical mesh? Do you know what</p> <p>9 protocols they follow in treating and sampling the</p> <p>10 mesh and studying it?</p> <p>11 A. I do not.</p> <p>12 Q. Did you see areas on some of the</p> <p>13 slides where vessels had been encased in fibrous</p> <p>14 tissue?</p> <p>15 MS. CRAWFORD: Objection.</p> <p>16 A. In --</p> <p>17 Q. Pam Wicker.</p> <p>18 A. -- any of the slides?</p> <p>19 Q. Yes.</p> <p>20 A. There were vessels in fibrous tissue.</p> <p>21 I wouldn't necessarily call it encased. They were</p> <p>22 surrounded by fibrous tissue as part of the healing</p> <p>23 process.</p> <p>24 Q. When you talk about the healing</p> <p>25 process, do you consider the foreign body response</p>

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<p>1 to the mesh to be part of the healing response?</p> <p>2 A. When one has a mesh or foreign body,</p> <p>3 the answer is yes.</p> <p>4 Q. Did you personally perform the</p> <p>5 preparation and testing of the slides from which you</p> <p>6 drew your opinions about amyloidosis?</p> <p>7 A. No. You mean the staining of the</p> <p>8 slides?</p> <p>9 Q. Yes.</p> <p>10 A. Yes. I stained blank slides.</p> <p>11 Q. You did that?</p> <p>12 A. Well, not myself personally, my</p> <p>13 technician.</p> <p>14 Q. Am I correct that you looked at</p> <p>15 slides from the same surgeries that Dr. Welch looked</p> <p>16 at, so you had his photomicrographs, you also had</p> <p>17 your own slides to look at; correct?</p> <p>18 A. I ultimately had a set of defense</p> <p>19 slides that I looked at. And I received blank</p> <p>20 slides, unstained slides from which I stained them</p> <p>21 with Congo Red and provided those to Dr. Welch.</p> <p>22 Q. With regard to the slides that Dr.</p> <p>23 Welch had looked at and actually created these</p> <p>24 photos from as compared to what you looked at, there</p> <p>25 was no difference really in the pathology that you</p>	<p>1 A. Correct.</p> <p>2 MR. SLATER: I have no other</p> <p>3 questions.</p> <p>4 MS. CRAWFORD: I have just a couple,</p> <p>5 Doctor.</p> <p>6 - - -</p> <p>7 EXAMINATION</p> <p>8 - - -</p> <p>9 BY MS. CRAWFORD:</p> <p>10 Q. I know that you're going to get us a</p> <p>11 copy of your curriculum vitae for the record, which</p> <p>12 we're going to mark as Dr. Factor-2 for the record,</p> <p>13 but can you just give us an idea of what your</p> <p>14 position is here today, you know, with the hospital,</p> <p>15 what you do in just a thumbnail of your experience?</p> <p>16 A. Well, actually, I don't work for the</p> <p>17 hospital, which is sort of a strange relationship.</p> <p>18 I'm a full professor of pathology of medicine at the</p> <p>19 medical school and paid by the medical school, but</p> <p>20 100 percent of my active work is here at the</p> <p>21 hospital where I'm chairman of the department of</p> <p>22 pathology. We are an affiliated hospital of the</p> <p>23 Albert Einstein College of Medicine, which as you</p> <p>24 discovered by accident, is right across the street.</p> <p>25 And my position here is as the chairman of the</p>
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<p>1 saw; correct?</p> <p>2 A. Just the interpretation.</p> <p>3 Q. Were they -- you understand what I'm</p> <p>4 getting at. You were looking at the same thing.</p> <p>5 A. They were the same thing -- they were</p> <p>6 functionally the same slide. They were recuts, they</p> <p>7 were just one hair or less off, so they were the</p> <p>8 same slides.</p> <p>9 Q. The fact that you had certain slides</p> <p>10 and he had certain recuts had no impact on the</p> <p>11 opinions; correct?</p> <p>12 A. None whatsoever.</p> <p>13 Q. With regard to whether or not Mrs.</p> <p>14 Wicker had amyloidosis, you're not forming opinions</p> <p>15 on the clinical impact of that for her; correct?</p> <p>16 A. Well, I raise some issues in the</p> <p>17 report regarding the potential that amyloidosis</p> <p>18 might have played in her presentation, but there's</p> <p>19 no way that I or anyone else, to my knowledge, can</p> <p>20 directly attribute specific findings or events</p> <p>21 directly to the amyloidosis, but there is -- but</p> <p>22 there are potential relationships.</p> <p>23 Q. You offered some possibilities, but</p> <p>24 you're not forming an opinion one way or the other</p> <p>25 as to what actually happened in her case; right?</p>	<p>1 department of pathology here, as well as the sister</p> <p>2 hospital ten minutes away, North Central Bronx</p> <p>3 Hospital.</p> <p>4 Q. And you have a board certification?</p> <p>5 A. I do.</p> <p>6 Q. What is that?</p> <p>7 A. Anatomic and clinical pathology.</p> <p>8 Q. And can you just give a very brief</p> <p>9 thumbnail of your experience from your board</p> <p>10 certification to the present?</p> <p>11 A. My boards were taken in November of</p> <p>12 1975. When I passed, I'm grandfathered, so I don't</p> <p>13 have to do recertification. From July of 1975 till</p> <p>14 today, I have been a full faculty a member of the</p> <p>15 medical school. And predominantly all of my career</p> <p>16 has been spent at this hospital and several other</p> <p>17 sister hospitals of the medical school. I have been</p> <p>18 here, and actually I have my research lab here in</p> <p>19 the hospital. So since 1975, I have essentially</p> <p>20 worked full-time here.</p> <p>21 Q. Okay. You were asked some questions</p> <p>22 by counsel about protocols that certain pathologists</p> <p>23 or certain researchers who observe and study</p> <p>24 explanted mesh material follow. And I think you</p> <p>25 indicated that you were not aware of whatever</p>

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<p>1 specific protocols; is that correct?</p> <p>2 A. Correct.</p> <p>3 Q. Does the fact that you are not aware</p> <p>4 of those protocols have any impact at all whatsoever</p> <p>5 on your ability to view, interpret and analyze the</p> <p>6 tissue slides that you saw for Pam Wicker?</p> <p>7 A. None whatsoever.</p> <p>8 Q. You were asked some questions about</p> <p>9 amyloidosis. And could you just explain, what is</p> <p>10 the impact of the observation of amyloidosis that</p> <p>11 you saw for Pam Wicker on your opinions?</p> <p>12 A. The amyloid deposits in the uterus</p> <p>13 specimen from 2008 demonstrated vascular involvement</p> <p>14 and interstitial or stromal involvement by material</p> <p>15 that -- using the Congo Red stain, which is the way</p> <p>16 that amyloid is diagnosed, definitively demonstrated</p> <p>17 that it was present in those tissues.</p> <p>18 Q. And what is the significance of that?</p> <p>19 A. The vessels -- even without</p> <p>20 recognizing the amyloid, the vessels were</p> <p>21 significantly narrowed, what we call sclerotic, or</p> <p>22 the lumen was markedly narrowed, which can lead to</p> <p>23 tissue ischemia. And in the case of the amyloid, it</p> <p>24 stained those vessels. It also was present in the</p> <p>25 tissues around the vessels which can affect, as I</p>	<p>1 appropriate, the positive slide was positive and the</p> <p>2 negative slide was negative.</p> <p>3 Q. There was a suggestion in Dr. Falk's</p> <p>4 report that perhaps the observation of amyloidosis</p> <p>5 was attributable to an overstaining of the slide.</p> <p>6 How can you be sure that that's not the case?</p> <p>7 A. Because the control was equally</p> <p>8 positive, as it should be. The positive control was</p> <p>9 equally positive. It was not overstained. The</p> <p>10 controls are stained at the same time that the</p> <p>11 tissues of interest. It was not overstained. It</p> <p>12 was appropriate. And under the appropriate</p> <p>13 microscopy, using polarized light with the right</p> <p>14 kind of microscope, it was clear that those stained</p> <p>15 apple green or apple green bio occurrences.</p> <p>16 Q. I have a couple more follow-up</p> <p>17 questions from counsel's questions earlier.</p> <p>18 Counsel asked you questions about</p> <p>19 whether or not you observed chronic inflammation in</p> <p>20 tissue around places where mesh had been in the</p> <p>21 slides you saw. Do you remember those questions?</p> <p>22 A. Yes.</p> <p>23 Q. Did you observe chronic inflammation</p> <p>24 in Pam Wicker's tissues in areas that was not</p> <p>25 immediately surrounding the mesh?</p>
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<p>1 indicated in my report, can affect crosslinking of</p> <p>2 collagen and tensile strength of collagen.</p> <p>3 Q. You were asked a question about</p> <p>4 whether or not you personally stained the slide with</p> <p>5 the Congo Red or the slides with the Congo Red. Is</p> <p>6 it -- what is the normal practice in your field in</p> <p>7 terms of how slides are stained as between the</p> <p>8 technician or the pathologist?</p> <p>9 A. We have a histology laboratory that</p> <p>10 prepares slides. In this case, the slides had</p> <p>11 already been prepared and were provided unstained.</p> <p>12 And I presented the slides to my technician and she</p> <p>13 stained them and then gave them back to me to look</p> <p>14 at under the microscope.</p> <p>15 Q. When you look at those slides under</p> <p>16 the microscope, do you have the ability to ascertain</p> <p>17 that the appropriate amount of staining has been</p> <p>18 applied to the slide?</p> <p>19 A. We only look at the slides when we're</p> <p>20 doing a special stain like a Congo Red if we have a</p> <p>21 positive and a negative control. In other words, we</p> <p>22 have tissue that we know has amyloid in it, we have</p> <p>23 tissue that we know doesn't have amyloid in it. And</p> <p>24 we don't look at the stained tissue of interest</p> <p>25 until we have determined that the controls were</p>	<p>1 MR. SLATER: Objection.</p> <p>2 A. Yes.</p> <p>3 Q. Where did you observed that chronic</p> <p>4 inflammation?</p> <p>5 A. There was inflammation in the sites</p> <p>6 of the erosion, and there was inflammation in the</p> <p>7 site of that material that I believe was lubricant</p> <p>8 in the tissue. There were, also, areas of fibrosis</p> <p>9 without much inflammation both near the mesh and</p> <p>10 away from the mesh.</p> <p>11 Q. Did you observe inflammatory response</p> <p>12 in Pam Wicker around hemosiderin deposits?</p> <p>13 A. Yes.</p> <p>14 Q. And what is hemosiderin?</p> <p>15 A. Hemosiderin is iron pigment from</p> <p>16 broken down hemolyzed red blood cells.</p> <p>17 Q. You made a statement in response to</p> <p>18 counsel's questions that there's always chronic</p> <p>19 inflammation associated with fibrosis. Did I hear</p> <p>20 that correctly?</p> <p>21 A. With pathological fibrosis, yes.</p> <p>22 Q. Pathological fibrosis.</p> <p>23 Can you explain what that means in</p> <p>24 more like layperson's terms for me?</p> <p>25 A. By definition, pathological fibrosis</p>

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<p style="text-align: right;">Page 58</p> <p>1 means that tissue has undergone a reparative</p> <p>2 healing, whether there was necrosis in the tissue,</p> <p>3 whether there was damage to the tissue, whether</p> <p>4 there was iatrogenic damage, such as surgical</p> <p>5 intervention. The tissue will heal. And it heals</p> <p>6 in a very reproducible series of events, going from</p> <p>7 the acute phase to the beginnings of what we call</p> <p>8 granulation tissue, which are fibroblasts and blood</p> <p>9 vessels formation to the laying down of collagen, to</p> <p>10 the maturation of the collagen and, finally, to the</p> <p>11 development of the mature star, which generally</p> <p>12 occurs three to six months after the onset of the</p> <p>13 process.</p> <p>14 Q. When you use the term "chronic</p> <p>15 inflammation" in the pathology context, are you</p> <p>16 using it in any kind of temporal sense?</p> <p>17 A. Virtually always when we talk about</p> <p>18 chronic inflammatory infiltrate we are talking about</p> <p>19 the nature of the cells. In other words,</p> <p>20 lymphocytes, monocytes, fibroblasts, macrophages, in</p> <p>21 some contexts eosinophils. But we generally talk</p> <p>22 about it in terms of the nature of the cells in</p> <p>23 contrast to the acute inflammatory cell, the</p> <p>24 neutrophil.</p> <p>25 Q. So it's more of the more mature phase</p>	<p style="text-align: right;">Page 60</p> <p>1 counsel about whether or not you had any knowledge</p> <p>2 about the incision for the placement being somewhere</p> <p>3 near where the material was observed, something to</p> <p>4 that effect. Do you remember talking about</p> <p>5 incisions?</p> <p>6 MR. SLATER: Objection.</p> <p>7 A. Yes.</p> <p>8 Q. If you have a foreign body placed,</p> <p>9 like the mesh in the body, it has to be placed into</p> <p>10 the tissue; correct? It doesn't just appear there?</p> <p>11 A. Correct.</p> <p>12 Q. It has to get in there somehow;</p> <p>13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. So whether or not there's been an</p> <p>16 incision or not, it physically has to be placed in</p> <p>17 to the tissue; correct?</p> <p>18 A. Correct.</p> <p>19 Q. You indicated that, in response to</p> <p>20 questions from counsel, that you can't tell what is</p> <p>21 appearing in areas elsewhere in the body that you</p> <p>22 didn't specifically look at; correct?</p> <p>23 A. Correct.</p> <p>24 Q. Which means that no pathologist can</p> <p>25 do that; correct?</p>
<p style="text-align: right;">Page 59</p> <p>1 of the process is what the word "chronic" is</p> <p>2 intended to describe?</p> <p>3 MR. SLATER: Objection.</p> <p>4 A. No. It's the nature of the cell. In</p> <p>5 other words, you can have tissue where you have all</p> <p>6 the different cellular components all occurring at</p> <p>7 the same time. It doesn't have a temporal</p> <p>8 connotation at all. It's the type of cell.</p> <p>9 Q. Okay. I think I understand.</p> <p>10 There was a question that counsel</p> <p>11 asked you about observing multinucleated giant cells</p> <p>12 associated with areas around the mesh. Do you</p> <p>13 recall that --</p> <p>14 A. Yes.</p> <p>15 Q. -- questioning?</p> <p>16 Is that observation that you made in</p> <p>17 the slides of Pam Wicker different from the reaction</p> <p>18 to any foreign body, regardless of whether it was</p> <p>19 mesh?</p> <p>20 MR. SLATER: Objection.</p> <p>21 A. No. It's -- they're virtually all</p> <p>22 foreign bodies, whether they're biologic or of a</p> <p>23 nonbiologic nature, will elicit a foreign body giant</p> <p>24 cell inflammatory reaction.</p> <p>25 Q. You were asked some questions by</p>	<p style="text-align: right;">Page 61</p> <p>1 MR. SLATER: Objection.</p> <p>2 BY MS. CRAWFORD:</p> <p>3 Q. Looking at the slides?</p> <p>4 A. Correct.</p> <p>5 Q. You were shown a slide by Mr. Slater,</p> <p>6 I believe it was 4A. Do you have that in front of</p> <p>7 you?</p> <p>8 A. 4A, yes.</p> <p>9 Q. 4A, okay.</p> <p>10 He asked you, I think, something to</p> <p>11 the effect of would you agree with him -- let me</p> <p>12 look at my notes. Would you agree that the nerve is</p> <p>13 surrounded by fibrous tissue; correct?</p> <p>14 A. Correct.</p> <p>15 Q. And that there are a few inflammatory</p> <p>16 cells?</p> <p>17 A. Correct.</p> <p>18 Q. What's the significance of that</p> <p>19 finding around a nerve cell?</p> <p>20 MR. SLATER: Objection.</p> <p>21 A. Since the fibrous tissue is</p> <p>22 associated with inflammation, there's a natural</p> <p>23 process of development. The finding of scattered</p> <p>24 inflammatory cells outside of the nerve has no</p> <p>25 meaning whatsoever. The only way that the nerve and</p>

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<p>1 inflammation can be linked as to something that's</p> <p>2 directly affecting the nerve is it's the</p> <p>3 inflammatory cells are actually within the nerve</p> <p>4 itself. And that's not the case. They're outside</p> <p>5 of it.</p> <p>6 Q. And you didn't see them inside the</p> <p>7 nerve cell?</p> <p>8 A. Correct.</p> <p>9 Q. Again, forgive me for jumping around.</p> <p>10 I think I have two more questions.</p> <p>11 You were asked some questions, I</p> <p>12 think it was 4C about -- it had two circles on it.</p> <p>13 That's all I remember. It was that one. I think</p> <p>14 that's it.</p> <p>15 A. It's 4B.</p> <p>16 Q. Okay. Then I -- no, I think it's 4C.</p> <p>17 There was one with the actual polarization that</p> <p>18 demonstrated a little bit of a -- that's it.</p> <p>19 A. 4C.</p> <p>20 Q. I think that was the slide where you</p> <p>21 had a little bit of a discussion about whether or</p> <p>22 not the fibrous tissue was surrounding it or causing</p> <p>23 a bridge. Do you remember that line of questioning?</p> <p>24 MR. SLATER: Objection.</p> <p>25 A. I think that was the other.</p>	<p>1 A. It was severe, moderate to severe.</p> <p>2 Q. Was there a difference in what you</p> <p>3 observed around the lubricant area as compared to</p> <p>4 the mesh erosion?</p> <p>5 A. The most intense area of inflammation</p> <p>6 was around the lubricant.</p> <p>7 Q. Did you, also, observe areas around</p> <p>8 where the mesh was where you saw no inflammation?</p> <p>9 A. Correct.</p> <p>10 MS. CRAWFORD: I have no other</p> <p>11 questions. I will probably have follow-up, because</p> <p>12 Mr. Slater will probably ask you some.</p> <p>13 - - -</p> <p>14 EXAMINATION</p> <p>15 - - -</p> <p>16 BY MR. SLATER:</p> <p>17 Q. Did you produce the controls for your</p> <p>18 Congo Red staining?</p> <p>19 A. I gave Dr. Welch the positive</p> <p>20 control. I believe he cited that in his</p> <p>21 supplemental report. I don't believe --</p> <p>22 Q. I want to make sure, but you did</p> <p>23 produce that?</p> <p>24 A. Yes. I don't believe I gave him the</p> <p>25 negative control, but I may have. I don't recall.</p>
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<p>1 Q. Okay. I'm sorry, 4B, then.</p> <p>2 A. 4B.</p> <p>3 Q. What is the distinction that you're</p> <p>4 trying to draw in the word "bridge" versus the</p> <p>5 fibrosis being an area of those holes, that look</p> <p>6 like holes on the slides?</p> <p>7 MR. SLATER: Objection.</p> <p>8 A. I don't see anything that's</p> <p>9 identifiable as a bridge. There's fibrous tissue</p> <p>10 around the fibers. There's inflammation, in this</p> <p>11 case, foreign body-type inflammation around the</p> <p>12 fibers, but there's nothing unique about the way the</p> <p>13 fibers are sitting in the fibrosis or that the</p> <p>14 fibrosis is surrounding the fibers.</p> <p>15 Q. In all of the slides that you</p> <p>16 reviewed of Pam Wicker, did you characterize the</p> <p>17 nature of the inflammatory response that you</p> <p>18 observed in any way? Like, you know, severe, mild,</p> <p>19 moderate, any type of terminology like that?</p> <p>20 A. It was generally relatively mild,</p> <p>21 with the exception of the areas around the erosion.</p> <p>22 And in retrospect now, the area around what I</p> <p>23 believe is lubricant.</p> <p>24 Q. And in the areas around the lubricant</p> <p>25 and the erosions, how would you classify that?</p>	<p>1 Q. I didn't see any reference in your</p> <p>2 report to whether or not there was something called</p> <p>3 bridging fibrosis.</p> <p>4 That's not something you addressed;</p> <p>5 correct?</p> <p>6 A. That's because I didn't see anything</p> <p>7 that I could identify as bridging fibrosis.</p> <p>8 Q. Do you know what that term is, as</p> <p>9 it's used in the context of surgical mesh pathology?</p> <p>10 A. I have read about it, I have never</p> <p>11 seen it.</p> <p>12 Q. It's not something you have ever seen</p> <p>13 on any -- well, rephrase.</p> <p>14 You have never looked at bridging</p> <p>15 fibrosis on pathology slides?</p> <p>16 A. I've looked at many pathology slides</p> <p>17 with mesh. I've never seen anything that I would</p> <p>18 interpret as bridging fibrosis.</p> <p>19 Q. Have you ever seen a slide that</p> <p>20 actually you knew to have bridging fibrosis so you</p> <p>21 could see what it looked like?</p> <p>22 A. I have never seen an illustration of</p> <p>23 it, no.</p> <p>24 Q. What you know about bridging</p> <p>25 fibrosis, you learned that when you read some of the</p>

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<p>1 paperwork that was provided by Ethicon?</p> <p>2 A. Correct.</p> <p>3 Q. You don't hold yourself out as an</p> <p>4 expert with regard to bridging fibrosis, scar</p> <p>5 plating; correct?</p> <p>6 A. Correct.</p> <p>7 Q. It's not something you would say I'm</p> <p>8 an expert, I can tell you whether it's there or not;</p> <p>9 right?</p> <p>10 A. I'm only -- well, that's not correct.</p> <p>11 As a pathologist, I certainly can interpret what I</p> <p>12 see and the nature of what I see. And if I saw</p> <p>13 something that was interpretable as bridging</p> <p>14 fibrosis or a scar plate, I would be able to</p> <p>15 identify it.</p> <p>16 Q. Have you ever been trained by anybody</p> <p>17 professionally as to how to recognize what is known</p> <p>18 as terms of art of bridging fibrosis and scar</p> <p>19 plating --</p> <p>20 MS. CRAWFORD: Objection.</p> <p>21 BY MR. SLATER:</p> <p>22 Q. -- with surgical mesh?</p> <p>23 MS. CRAWFORD: Foundation.</p> <p>24 A. No.</p> <p>25 Q. You testified that you must put the</p>	<p>1 concluded at 3:46 p.m.)</p> <p>2 - - -</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p>1 mesh in, when counsel asked you about whether or not</p> <p>2 there were incisions in different areas. Do you</p> <p>3 remember that?</p> <p>4 A. Yes.</p> <p>5 Q. You have no idea whether or not areas</p> <p>6 disturbed by the mesh when the mesh was put in to</p> <p>7 Pam Wicker's body would have even been touched or</p> <p>8 disturbed in any way if she didn't have Prolift</p> <p>9 surgery; right?</p> <p>10 MS. CRAWFORD: Objection.</p> <p>11 A. I don't know.</p> <p>12 MR. SLATER: I don't have any other</p> <p>13 questions.</p> <p>14 MS. CRAWFORD: I don't have any</p> <p>15 either.</p> <p>16 THE WITNESS: Thank you.</p> <p>17 MR. SLATER: Thank you.</p> <p>18 MS. CRAWFORD: Thank you, Doctor.</p> <p>19 VIDEOGRAPHER: This concludes the</p> <p>20 deposition. We're going off the record at 3:46 p.m.</p> <p>21 - - -</p> <p>22 (Whereupon, Exhibit Factor-2 was</p> <p>23 marked for identification.)</p> <p>24 - - -</p> <p>25 (Whereupon, the videotaped deposition</p>	<p>1 CERTIFICATE</p> <p>2</p> <p>3 I HEREBY CERTIFY that the witness was</p> <p>4 duly sworn by me and that the deposition is a true</p> <p>5 record of the testimony given by the witness.</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>-----</p> <p>Margaret Peoples, RPR</p> <p>Dated: March 5, 2014</p> <p>(The foregoing certification of this</p> <p>transcript does not apply to any reproduction of the</p> <p>same by any means, unless under the direct control</p> <p>and/or supervision of the certifying reporter.)</p>

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